

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 852538

1. Entity Name
MORGAN, KEEGAN & COMPANY, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90088 050 ***150.00

Principal Place of Business
**50 NORTH FRONT STREET
MEMPHIS TN 38103**

Mailing Address
**50 NORTH FRONT STREET
ATTN: ACCOUNTING DEPT
MEMPHIS TN 38103**

DUU37701



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|--------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 64-0474907 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | | | | |
| | | Memphis, TN | | | | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| | | 38002 | | | | | |

| | | | |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | |
| | | City | Zip Code |
| | | FL | |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | | |
|---|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|--|---|--|
| TITLE | CDP <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORGAN, ALLEN B | NAME | |
| STREET ADDRESS | 487 GOODWYN | STREET ADDRESS | 50 North Front Street |
| CITY-ST-ZIP | MEMPHIS TN | CITY-ST-ZIP | Memphis, TN 38103 |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DEUPREE, WILLIAM W. JR. | NAME | John B. Sanderson |
| STREET ADDRESS | 2908 NATCHEZ | STREET ADDRESS | 50 North Front Street |
| CITY-ST-ZIP | MEMPHIS TN | CITY-ST-ZIP | Memphis, TN 38103 |
| TITLE | SD <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOOCH, ROBERT D., JR. | NAME | |
| STREET ADDRESS | 2900 GARDEN LANE | STREET ADDRESS | 50 North Front Street |
| CITY-ST-ZIP | MEMPHIS TN | CITY-ST-ZIP | Memphis, TN 38103 |
| TITLE | TD <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WELLER, JOSEPH C | NAME | |
| STREET ADDRESS | 6589 MAY HALLOW | STREET ADDRESS | 50 North Front Street |
| CITY-ST-ZIP | MEMPHIS TN | CITY-ST-ZIP | Memphis, TN 38103 |
| TITLE | D <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STOKES, JOHN W., JR | NAME | |
| STREET ADDRESS | 108 E. CHICKASAW PKWY. | STREET ADDRESS | |
| CITY-ST-ZIP | MEMPHIS TN | CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAXWELL, CHARLES D | NAME | |
| STREET ADDRESS | 50 NORTH FRONT STREET | STREET ADDRESS | 50 North Front Street |
| CITY-ST-ZIP | MEMPHIS TN 38103 | CITY-ST-ZIP | Memphis, TN 38103 |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)